



LAURA ATKINS
DIRECTOR

DEPARTMENT OF SOCIAL SERVICES AND PUBLIC GUARDIAN

Courthouse Annex, 270 County Hospital Road, Suite 207, Quincy, California 95971
(530) 283-6350
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REFERRAL FOR CONSERVATORSHIP

The Plumas County Public Guardian's Office requires a physician's letter of referral in addition to a completed conservatorship referral package. The letter should be specific when addressing the proposed conservatee's diagnosis, ability to provide for food, clothing or shelter. If applicable, facts regarding the person's ability to manage his/her financial resources and/or to resist fraud or undue influence are necessary. The referral letter should also state clear and convincing evidence for recommending a conservatorship intervention.



PUBLIC GUARDIAN
(530) 283-6242

APPLICATION FOR CONSERVATORSHIP INVESTIGATION

*When Completed Send to: County of Plumas
Office of the Public Guardian P.O. Box 4160
Quincy, CA 95971
pgpcreferrals@countyofplumas.com*

FILL IN AS MUCH INFORMATION AS POSSIBLE

1. REFERRING PARTY(You):

Name: _____ Date: _____

Agency or Relationship to Proposed Conservatee: _____

Address: _____

City: _____ St: _____ Zip: _____ Ph#: _____ Fax: _____

Email: _____

2. PROPOSED CONSERVATEE'S INFORMATION (The Person you are concerned about):

First _____

Middle _____

Last _____

Date of Birth: _____ Social Security No.: _____

Maiden or Other AKA Names Used: _____

Current Address/Location: _____

City: _____ St: _____ Zip: _____ Ph#: _____

Date started living at this location (if known): _____

PROPOSED CONSERVATEE'S INFORMATION CONTINUED:**Prior Address (or if residence is different from current location):**

City: _____ St: _____ Zip: _____ Ph#: _____

Place of Birth: _____

Citizenship: U.S.

Naturalized Date: _____ Place: _____

Alien Registration No. _____

Other

Marital Status: Single Married Divorced Widowed Separated

Sex: Male Female

Physical Description:

Ht: _____ Wt: _____ Hair: _____ Eyes: _____ Complexion: _____

Scars or other distinguishing features: _____

Are there any safety concerns for an Investigator or Social Worker, such as assaultive behavior or firearms/weapons in the home? Yes No Describe: _____

3. RELATIVES, FRIENDS, ATTORNEY, PHYSICIAN, LANDLORD, SIGNIFICANT OTHERS:

Relationship	Name	Address	Phone No.
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1. _____
2. _____
3. _____
4. _____
5. _____

Was Adult Protective Services (APS) Contacted? Yes No

Was Law Enforcement Contacted? Yes No

Agency Name: _____ Case No.: _____

Agency Contact Person: _____ Phone: _____

Power of Attorney: Yes No

If YES, what type (check all that apply): Healthcare Financial Management

Durable Power of Attorney/ Advance Directive: Yes No

Has Power of Attorney been recorded?: Yes No

If yes, in what county?: _____

Power of Attorney/Agent held by:

Name: _____ Date: _____

Address: _____

City: _____ St: _____ Zip: _____

TRUST containing property of proposed conservatee?: Yes No If

YES, name of trustee: _____

4. ESTATE AND BENEFITS INFORMATION (IF AVAILABLE, PLEASE ATTACH COPIES OF DOCUMENTS):

Income (*List all sources of income*)

Social Security – Social Security No. _____ \$ _____

SSI – Social Security No. _____ \$ _____

Veterans Benefits – VA No. _____ \$ _____

Medi-Cal/Welfare – Medi-Cal No. _____ \$ _____

Other (Medi-Care, Pensions, Annuities, Trusts, etc.)
_____ \$ _____

_____ \$ _____

_____ \$ _____

5. ESTATE INFORMATION (continued):

Other Assets (*Bank Accounts, Securities, Real Estate, Personal Property, Automobile(s), Jewelry, etc.*)

Item	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

6. DESCRIBE DETAILS OF CURRENT CONCERN. INCLUDE WHAT MEASURES HAVE BEEN ATTEMPTED TO RESOLVE THE PROBLEM AND WHY THEY HAVE FAILED (complete next page if you need additional space or to further elaborate):

Complete where applicable

7. FINANCIAL ABUSE:

8. SELF NEGLECT:

9. PHYSICAL ABUSE:

10. UNABLE TO MANAGE AFFAIRS OR MAKE DECISIONS:

11. MEDICAL CONDITION:

12. DISPOSITION/BURIAL/CREMATION ARRANGEMENTS:

Preneed: Yes No Known wishes: _____

Mortuary: _____ Cemetery: _____

Burial Trust: Yes No Trust Company: _____

Will: Yes No Location of Will: _____

Executor: _____

Contact Info.: _____

Trust: Yes No Trustee/Successor: _____

Contact Info.: _____

USE THE ADDITIONAL SPACE BELOW IF REQUIRED

ATTACH ALL DOCUMENTS PERTINENT TO THIS MATTER

PLEASE NOTE: THIS APPLICATION MUST BE SIGNED BEFORE IT CAN BE PROCESSED BY THE PUBLIC GUARDIAN.

Please be informed that all information contained in this application is confidential.

I understand that submission of this application to the Public Guardian creates no duty of the Public Guardian. The Public Guardian may decide not to petition to be appointed conservator of the subject of this application and neither the subject nor I should rely on the Public Guardian to take any action while this application is being considered by the Public Guardian. I also understand that the Public Guardian must prioritize investigations based on circumstances of each matter, and therefore the time it takes the Public Guardian to respond to any application varies.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Executed on _____ at _____, California.

Signature

Print Name

*If you have any questions regarding this form, please call (530) 283-6242. Be advised that the Public Guardian cannot offer legal advice.